

REQUEST TO CONTACT A MANUFACTURER

This form is to be used when requesting that a manufacturer be contacted to send a sales representative to visit a customer. Please fill this form out as completely as possible and place it in the Customer Service mailbox in Operations. Please contact the Customer Service Manager with any questions.

CUSTOMER NAME Exxon

CUSTOMER NUMBER 177571

ADDRESS 2 South Ave.
Fanwood N.J. 07023

HOME NUMBER 1-908-561-2490

CONTACT NAME Anna or Lee

DM	T&D	REP
1224		
1225		
1226		
1229		
1230		
PTC	SAM	
ROM	PA	SC
RM	PC	MC
1240	1242	SAM

MANUFACTURERS:

x PHILLIP MORRIS

x R.J. REYNOLDS

BROWN & WILLIAMSON

LORILLARD

LIGGETT & MYERS

American Tobacco

OTHER (PLEASE SPECIFY)

OTHER (PLEASE SPECIFY)

REASON FOR CONTACT (if for racks, fill out a fixture request form):

Overhead rack and masters program

DATE NEEDED BY A.S.A.P. 2nd request

YOUR NAME Joy Fortucci 12/7/94

fax

FOR OFFICE USE ONLY

DATE RECEIVED

DATE MANUFACTURER CALLED

51853 3224